



Original Research

## COMMUNITY PERCEPTION AROUND HALFWAY HOUSE ABOUT CARE OF MENTAL DISORDERS

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### ARTICLE HISTORY

Received: March 18, 2021

Revised: May, 27 2021

Accepted: June 05, 2021

Available online: June 06, 2021

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### ABSTRACT

**Introduction:** The high stigma in community towards mental disorders does not only affect families and mental disorders patients but also on the patterns of care and care, for example mental disorders patients are isolated so they do not interact with the community with shackles. The purpose of this research is perceptions in the community about how to treat patients with mental disorders.

**Method:** This study used a qualitative research design with a phenomenological approach with ten participants. The technique of selecting participants was purposive sampling with the criteria of men and women aged > 17 years, living around halfway house and who had interacted with mental patients at halfway house. Retrieval of data on ten participants with in-depth interviews and field notes were then analyzed using the Colaizzi method.

**Results:** In this study, 8 themes were identified, namely 5 themes (community understanding of mental disorders, community stigma, community response, community expectations and community experiences with mental patients) for the first specific purpose and 3 themes (treatment, form of care and caregiver factors nurse) for the second special purpose.

**Conclusion:** Community perception is influenced by several factors including the factor of maintaining distance from mental patients, tolerance and support factors, social limitation factors and factors of prejudice and misunderstanding. Future research can explore in depth people's perceptions about the treatment of mental disorders patients, more specifically, for example, the care of mental patients in hospitals and at home.

### Keywords

mental disorders, community, perception, halfway house

### Cite this as:

Nughraini, F.A., Yusuf, A., Armini, N.K.A. (2021). Community Perception Around Halfway House About Care of Mental Disorders. *Psych. Nurs. J.*, 3(1). 10-14. doi.org/10.20473/pnj.v3i1.25984

## 1. INTRODUCTION

Treatment of mental patients is not only in the medical or mental hospital, but can also be done in other health service settings such as community-based health services. Community-based health services can be implemented in social services, social institutions and halfway house, each of which are under the auspices of the Puskesmas. One type of community-based health service that is still rarely applied is halfway house. A halfway house can help establish social relationships for mental patients even

though there is a time limit for staying, except for mental patients who need continuous assistance (Yusuf et al., 2019). In halfway house, mental health patients still receive comprehensive psychopharmaceutical and other therapies (bio-psycho-socio-spiritual) such as spiritual healing and group activity therapy and generally halfway house are located in the community (Yusuf et al., 2015). Patients with mental disorders really need spiritual healing because it is important in interpreting their

life amid the conditions they are experiencing (Yusuf et al., 2017).

According to Riskesdas 2018, cases of mental disorders in Indonesia have increased and it is estimated that the number of severe ODGJ in Indonesia is 450,000 people (Indrayani & Wahyudi, 2018). Based on a source from the Institute for Health Metrics and Evaluation (IHME) in 2017, Mental Disorder causes Disability Adjusted Life Year (DALYs) in Indonesia, Schizophrenia type mental disorder ranks third after depression and anxiety where there has been an increase from 1990 to 2017 (Ghebreyesus & Murray, J.L., 2017). In line with Riskesdas 2018 data on mental health data, it shows that the prevalence of schizophrenia or psychosis mental disorders in Indonesia has increased to 7% and specifically in East Java has increased from 2013 to 6.4% in 2018 (Kemenkes RI, 2018).

The high stigma against mental patients in society is caused by several factors such as cultural factors. Cultural factors shape perceptions, expressions and search for alternative treatments so that culture has its own way of explaining mental disorders based on a series of practices in determining causes, treatment-seeking behavior and cultural norms that affect individuals in the treatment and care of mental disorders patients (Naibili, 2019). In addition, the poor acceptance by families and communities of people with mental disorders has an impact on patterns of care or care such as shackling that contains elements of coercion from family members, being treated harshly, not given good support and worse if the family is reluctant to bring the sufferer home. Mental illness for treatment (Herdiyanto, 2016).

During the initial review, researchers discovered an unusual phenomenon. The phenomenon is the location of a halfway house in the middle of the community and patients with mental disorder can carry out activities such as shopping to interacting with the surrounding community. This makes researchers interested in conducting research on the perceptions of the community around the halfway house. The purpose of this study is to understand deeply the perceptions of the community around the halfway house about mental disorders and the treatment of mental disorders patients.

## 2. METHODS

This research is a qualitative type of research with a phenomenological study approach. The sample in this study were people who live around Rumah Singgah Al-Hidayah Mojokerto. The criteria for selecting the sample in this study were men and women aged > 17 years, living around halfway house and who had interacted with mental patients at halfway house. The sample size in this study was determined using purposive sampling and obtained 10 participants. The data collection process is divided into three stages, namely the preparation stage, the work stage and the final stage or termination. In the work stage,

it is further divided into an orientation phase, namely the initial phase which is carried out after the participants sign the informed consent, the work phase in which the researcher starts conducting in-depth interviews with the participants and also the termination phase which is the final phase after the participants answer all the questions and the researcher makes the next contract for data validation. Data were analyzed using the Colaizzi analysis technique. The research proposal has passed the ethical test by the Health Research Ethics Committee of the Faculty of Nursing Universitas Airlangga (Health Research Ethics Committee Faculty of Nursing Universitas Airlangga) on October 30, 2020 with certificate number 2120-KEPK.

## 3. RESULTS

This research produced 8 themes with a distribution of 5 themes for the first special purpose and 3 themes for the second special purpose. These themes include public understanding of mental disorders, community stigma against mental disorders, community response to mental disorders, community expectations of mental disorders, community experiences with people with mental disorders, care for mental disorders, forms of care for mental disorders patients and nursing factors.

### Theme 1 : Community understanding of mental disorders

Theme 1 in the study is that participants express their understanding of mental disorders, namely the definition of mental disorders, triggers of mental disorders, factors that cause relapse and symptoms of mental disorders. Following is the participant's statement :

*"...kind of mentally disturbed."* (P1)

*"... it could be because the husband left or work problems"* (P3)

*"his wish was not fulfilled"* (P8)

*"digressively speaking, speaking carelessly"* (P7)

*"sometimes like that, talk to himself. Like a hallucinating person"* (P8)

### Theme 2 : Community stigma against mental disorders

Theme 2 in this study is the participant's statement about their opinion about mental disorders and is still a stigma for mental disorders patients, namely the physical appearance of mental disorders patients expressed by participants as follows :

*"..like that fierce.."* (P4)

*"...to bring a knife, so scary"* (P6)

*"Yes so. When praying sometimes it is also disturbed"* (P1)

*"like what, I was so worried"* (P10)

*"I must be afraid so I prefer to avoid"* (P6)

### **Theme 3 : Community response to mental disorders**

Theme 3 in the study is the participant's expression of mental disorders patients which are divided into two, namely psychologically and cognitively. The following is the participant's statement :

- "I feel pity"** (P1)
- "... those of us who are sane must give in"** (P3)
- "I am in my right mind, I understand"** (P2)
- "But I don't think he is a mental illness person.**  
I only talk to," (P10)
- "If so, his thinking is not open."** (P8)

### **Theme 4 : Community expectations for ODGJ**

Theme 4 is the participant's expression of their hopes for mental illness patients which are divided into two, namely general expectations (get well soon, get together with family, etc.) and hope for the treatment of mental patients. The following is the participant's statement :

- "get well soon"** (P2)
- "soon to meet the family..."** (P1)
- "especially for her children and their families. They must understand that their family members have mental disorders"** (P4)
- "anyways, both live. In order to have a future"** (P6)
- "if they are cured, they can be accepted back like ordinary people"** (P10)
- "There should be a special agency that handles it"** (P5)
- "...other than that, any education is given to return to normal ..."** (P8)

### **Theme 5 : Community experiences with mental patients**

Participants in this study expressed their experiences with people with mental disorders which were divided into physical, verbal, unpleasant events and treatment experiences. The following is the participant's statement :

- "I have been stoned"** (P7)
- "When I pocked my child, a person with a mental disorder spat on it"** (P5)
- "Like to touch"** (P4)
- "give advice : You don't get angry"** (P3)
- "My child is carried"** (P10)
- "Asking to be married"** (P9)
- "Not being taken to the hospital, only a sedative was bought"** (P8)

The following are the themes for the second specific purpose identified in this study :

### **Theme 1 : Treatment for mental disorders**

Participants in this study expressed their opinion about treatment for mental disorders which is divided into two, namely a place of care for patients with mental disorders and a form of treatment for patients with mental disorders. Following is the participant's statement :

- "should be taken to Menur Mental Hospital rather than to a spiritual expert or dukun."** (P1)
- "if in the hospital it has not been controlled at all"** (P10)
- "if it is not bad, no need, just stay at home"** (P4)
- "When they are at halfway house, they are well cared for, until they are give books to read"** (P2)
- "He continues to take sedative"** (P10)
- "What are you doing ? It's useless to take it to a spiritual expert"** (P3)
- "if not taken for treatment, it will get worse"** (P8)

### **Theme 2 : Forms of treatment for mental disorders**

Participants in this study expressed their opinions about the form of treatment for mental patients which were divided into two, namely affection (emotionally and psychologically) and the form of treatment for mental patients. Following is the participant's statement :

- "Who else but family, meaning family-centered support"** (P6)
- "Which definitely must be cared for by the family"** (P7)
- "In my opinion, number one is embraced and affectionate"** (P3)
- "Sometimes when asked to talk, they feel they have a friends"** (P8)
- "... Invited to communicate like that,"** (P1)
- "Yes, don't ignore it"** (P8)
- "so if they are alone, they will contemplate"** (P10)
- "...should be given a job such as making crafts or others. This is so that they don't daydream so much"** (P10)
- "Needed rough could not, needed soft also could not"** (P7)

### **Theme 3 : Caregiver or nurse factors**

Participants in this study expressed their opinion that caregiver or nurse factors to mental patients, namely things that must be owned by nurses or caregivers. These things include in nature (patient, sincere and genuinely willing to serve), the treatment given and the behavior or attitude of the caregiver. Following is the participant's statement :

- "Indeed have to be patient with people like them"** (P3)
- "It is different if the mind is only focused on work, the important thing is that I have given it to eat. If it's like that, it won't work"** (P3)
- "the nurse who work there should really be willing to serve ..."** (P3)
- "don't ignore it they also need attention."** (P1)
- "Must be patient and painstaking"** (P4)

#### 4. DISCUSSION

Social restrictions, discrimination and social isolation are forms of public belief that mental patients are a threat and must be avoided (Purnama et al., 2016). Not only in the aspect of social distancing, stigma also hinders treatment and care for mental disorders because it makes families feel embarrassed and tends to leave mental patients without proper care. This of course will make the patient's mental condition worse and slow down the healing process.

In another study, the families of mental patients with mental disorders felt stigma because they were discriminated against and shunned by the surrounding community (Fitryasari et al., 2018). The stigma experienced by the families of mental disorders patients will certainly result in mental illness patients relapsing due to lack of internal support and decreasing the quality of life of mental patients (Reong & Astuti, 2019). The general public will also avoid mental patients because they feel anxious. This is in line with research conducted by Risna Rahmawati that most people will feel afraid, reject, avoid and discriminate against mental patients (R. Rahmawati, 2019). The feeling of anxiety that is owned by the community is usually caused by sudden changes in the behavior of mental patients, for example those who laugh at first can quickly become crying and then laugh again.

The community response to mental disorders patients identified in this study is that they are not like people with mental disorders, feel sorry for, desire to give in, tolerate and have not open thoughts of family or society due to rejecting mental disorders patients. This is in line with research conducted by Usraleli et al that there are still people who have a positive opinion of people with mental disorders, namely that people feel caring and feel sorry for mental patients and their families because they should not be ostracized or exiled (Usraleli et al., 2020). Discriminatory treatment by family and society will hinder the healing process for mental patients.

Other studies also explain that the role of the family is very important in fostering motivation so that patients with mental disorders can achieve their goals in the future (Farina et al., 2020). Participants consider that people with mental disorders also have the same rights and opportunities as normal people in general. Participants added that people with mental disorders are sick people so they must be taken for treatment so that they do not get worse. Research conducted by Deby Rahmawati shows that people with mental disorders really need a medical rehabilitation program and social rehabilitation where social rehabilitation aims to restore the social functions of people with mental disorders who can then return to their family and community (D. Rahmawati, 2018).

In this study, participants said that treatment of mental disorders is mandatory and extra, this is in line with Sri Surahmiyati who stated that the role of

cadres is in the form of education to the families of mental disorders patients to always provide support and acceptance such as motivating families to bring mental disorders to health services. In addition to families, the role of cadres is also important to motivate the community to accept the presence of mental patients and not to discriminate against them (Surahmiyati et al., 2017). Good family support will certainly speed up the healing process for people with mental disorders because family is the closest person who can provide maximum care.

Equally important, human resources and training for health workers greatly influence the health services provided. The increasing prevalence of mental disorders is also influenced by the lack of skilled health personnel in the mental health sector, especially in handling mental patients. This can be caused by several factors, one of which is the lack of experience of health workers in caring for mental patients (Lestari et al., 2020). Good nursing skills also affect self-management or good self-management so that they do not always give harsh treatment to mental patients.

The community mentions several things that a mental health caregiver must have, including being patient, sincere, truly devoted, not rude and always paying attention. This is in line with research which says that nurses are required to have extra patience in carrying out various roles to find out what mental patients need (Faiqoh & Falah, 2017). Nurses must also have the principle that the form of achievement, reward, opportunity to advance or get an award is not the main reason but rather social and humanitarian work which is the main foundation (Rahman et al., 2016). Other studies that are in line also say that there is no need to commit violence against mental patients, but the most important thing that nurses should do is to involve the community and families in treating mental patients so that they can prevent relapse and accelerate the healing process (Lestari et al., 2020).

A nurse who treats people with mental disorders must have a patient, conscientious, diligent and loving attitude (Faradhila, 2017). This attitude is needed so that nurses can provide maximum service to people with mental disorders. Participants also added that people with mental disorders should be ignored because they also need attention. The attention that is meant here is to pay attention to the basic needs of patients with mental disorders such as the need for self-care, nutrition, medication, worship (spirituality) and other needs because mental patients are also humans who have basic needs.

#### 5. CONCLUSION

Based on the results of the study, it can be concluded that there is still stigma in the community around the halfway house such as feeling afraid, anxious, disturbed and judging people with mental disorders from their physical appearance. Even though there is still stigma, the community also has hopes for mental patients such as being taken to health services, being

cared for properly and being accepted by their families and communities. The recommendation in this study is deemed necessary to implement a CMHN (Community Mental Health Nursing) program in the Al Hidayah Halfway House in empowering the community, especially mental and family patients. The CMHN program that can be provided is health education and promotion related to the care of mental patients in order to reduce the stigma in society towards mental disorders. For further research, we can explore in depth people's perceptions about the treatment of patients with mental disorders, more specifically, such as care at the hospital or at home.

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